



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
Washington, D.C. 20460

Form Approved  
OMB No. 2040-0003  
Approval Expires 7-31-85

# NPDES Compliance Inspection Report

## Section A: National Data System Coding

Transaction Code	NPDES	yr/mo/day	Inspec. Type	Inspector	Fac Type
1 N 2 5 3 M T 0 0 2 0 5 9 1 11 12 1 4 0 7 1 6 17 18 C 19 R 20 1					
Remarks					
Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved	
67 0 0 1 69	70 5	71 N	72 N	73	74 75 80

## Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)	Entry Time /Date	Permit Effective Date
Town of Hot Springs Wastewater Lagoons, Hot Springs, MT 59845	07/16/14	10/1/11
	Exit Time/Date	Permit Expiration Date
	07/16/14	9/30/16
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)	Other Facility Data	
Ruben Loberg, Sierra Lazaro; 406-741-2531	New chlorine building and change from gas chlorine in summer of 2013.	
Name, Address of Responsible Official/Title/Phone and Fax Number	Contacted	
Randal A. Woods, Mayor, Town of Hot Springs, PO Box 669, Hot Springs, MT 59845; 406-741-2531	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

## Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S	Permit	N	Flow Measurement	S	Operations & Maintenance	S	CSO/SSO
S	Records/Reports	S	Self-Monitoring Program	N	Sludge Handling/Disposal	N	Pollution Prevention
S	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
N	Effluent/Receiving Waters	N	Laboratory	N	Storm Water	N	Other:

## Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

Had current permit but not an EPA signature page. Will send one. All else in narrative report.

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Telephone/Fax	Date
David Rise 	US EPA Montana Office 10 West 15 <sup>th</sup> St., Suite 3200 Helena, MT 59626 406-457-5012/406-457-5055 (fax)	July 24, 2014

## INSTRUCTIONS

### Section A: National Data System Coding (i.e., PCS)

**Column 1: Transaction Code:** Use N, C, or D for New, Change, or Delete. All inspections will be *new* unless there is an error in the data entered.

**Columns 3-11: NPDES Permit No.** Enter the facility's NPDES permit number. *(Use the Remarks columns to record the State permit number, if necessary.)*

**Columns 12-17: Inspection Date.** Insert the date entry was made into the facility. Use the year/month/day format (e.g., 94/06/30 = June 30, 1994).

**Column 18: Inspection Type.** Use one of the codes listed below to describe the type of inspection:

A	Performance Audit	U	IU Inspection with Pretreatment Audi	8	Pollution Prevention
B	Compliance Biomonitoring	X	Toxics Inspection	!	Pretreatment Compliance (Oversight)
C	Compliance Evaluation (non-sampling)	Z	Sludge - Biosolids	@	Follow-up
D	Diagnostic	#	Combined Sewer Overflow - Sampling		Storm Water-Construction-Sampling
F	Pretreatment Follow-up	\$	Combined Sewer Overflow - Non-sampling		Storm Water- Construction-Non sampling
G	Pretreatment Audit	%	Sanitary Sewer Overflow - Sampling	/	Storm Water-Non-Construction-Sampling
H	Compliance Assistance	&	Sanitary Sewer Overflow - Non-sampling	\	Storm Water-Non-Compliance-Non-Sampling
I	Industrial User (IU) Inspection	^	CAFO - Sampling	*	Storm Water - MS4 - Sampling
J	Complaints	=	CAFO - Non-sampling	-	Storm Water - MS4 - Non-Sampling
M	Multimedia	2	IU Sampling Inspection	>	Storm Water- MS4-Audit
O	Compliance Evaluation (Oversight)	3	IU Non-Sampling Inspection		
P	Pretreatment Compliance Inspection	4	IU Toxics Inspection		
R	Reconnaissance	5	IU Sampling Inspection with Pretreatment		
S	Compliance Sampling	6	IU Non-Sampling Inspection with Pretreatment		
T	Field Audit Inspections	7	IU Toxics with Pretreatment		

**Column 19: Inspector Code.** Use one of the codes listed below to describe the *lead agency* in the inspection.

A C	State (Contractor)	O C	Other Inspectors, EPA (Specify in Remarks columns)
B C	EPA (Contractor)	P C	Other Inspectors, State (Specify in Remarks columns)
E C	Corps of Engineers	R C	EPA Regional Inspector
J C	Joint EPA/State InspectorsCEPA Lead	S C	State Inspector
L C	Local Health Department (State)	T C	Joint State/EPA InspectorsCState lead
N C	NEIC Inspectors		

**Column 20: Facility Type.** Use one of the codes below to describe the facility.

1 C	Municipal. Publicly Owned Treatment Works (POTWs) with 1987 Standard Industrial Code (SIC) 4952.
2 C	Industrial. Other than municipal, agricultural, and Federal facilities.
3 C	Agricultural. Facilities classified with 1987 SIC 0111 to 0971.
4 C	Federal. Facilities identified as Federal by the EPA Regional Office.

**Columns 21-66: Remarks.** These columns are reserved for remarks at the discretion of the Region.

**Columns 67-69: Inspection Work Days.** Estimate the total work effort (to the nearest 0.1 work day), up to 99.9 days, that were used to complete the inspection and submit a QA reviewed report of findings. This estimate includes the accumulative effort of all participating inspectors; any effort for laboratory analyses, testing, and remote sensing; and the billed payroll time for travel and pre and post inspection preparation. This estimate does not require detailed documentation.

**Column 70: Facility Evaluation Rating.** Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

**Column 71: Biomonitoring Information.** Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

**Column 72: Quality Assurance Data Inspection.** Enter Q if the inspection was conducted as followup on quality assurance sample results. Enter N otherwise.

**Columns 73-80:** These columns are reserved for regionally defined information.

### Section B: Facility Data

This section is self-explanatory except for "Other Facility Data," which may include new information not in the permit or PCS (e.g., new outfalls, names of receiving waters, new ownership, and other updates to the record).

### Section C: Areas Evaluated During Inspection

Check only those areas evaluated by marking the appropriate box. Use Section D and additional sheets as necessary. Support the findings, as necessary, in a brief narrative report. Use the headings given on the report form (e.g., Permit, Records/Reports) when discussing the areas evaluated during the inspection. The heading marked "Multimedia" may indicate medias such as CAA, RCRA, and TSCA.